

FAX COVER PAGE



Date: 09/15/2026

To:
Anita Tammara , MD

From:
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284

Phone: 410-321-8448

Fax: 410-559-3002

Subject:
Form Submission

Memo:

Please review the attached document.

URGENT: Please review and respond to this fax transmission promptly.

HomeCentris Healthcare LLC memo...

Patient: Elizabeth Hall
DOB: 05/26/1947

Subject: Med Reconciliation

Submitted By: MHCB Team

Date: 09/15/2026

Agency Rep: MHCB Team **Rep Phone:** 410-321-8448

Memo: Chronic kidney disease, stage 3 unspecified (N18.30) is unstable and has no medication
Personal history of other venous thrombosis and embolism (Z86.718) is unstable and has no medication

**Follow-up
Action:**

**Follow-up
Memo:**

This memo is for your records.